DEDUCTIONS EFFECTIVE JANUARY 1, 2022

PLAN/COVERAGE DESCRIPTION		TOTAL MONTHLY PREMIUM	COUNTY MONTHLY SUBSIDY	EMPLOYEE MONTHLY SHARE
DELTA DENTAL PREMIER PPO - \$1,800 ANNUAL MAXIMUM	Datinos	¢46.53	ć 44 4 7	¢E 2E
For CCHP Alternate A Plan	Retiree	\$46.52	\$41.17	\$5.35
	Retiree + 1	\$105.08	\$93.00	\$12.08
	Retiree + 2 or more	\$105.08	\$93.00	\$12.08
For CalPERS Health Plans	Retiree	\$46.52	\$34.02	\$12.50
	Retiree + 1	\$105.08	\$76.77	\$28.31
	Retiree + 2 or more	\$105.08	\$76.77	\$28.31
Without a Health Plan	Retiree	\$46.52	\$43.35	\$3.17
	Retiree + 1	\$105.08	\$97.81	\$7.27
	Retiree + 2 or more	\$105.08	\$97.81	\$7.27
DELTA CARE (HMO)				
For CCHP Alternate A Plan	Retiree	\$25.35	\$25.35	\$0.00
Tor Gorn Automate Arrian	Retiree + 1	\$54.78	\$54.78	\$0.00
	Retiree + 2 or more	\$54.78	\$54.78	\$0.00
For CalPERS Health Plans	Retiree	\$25.35	\$21.31	\$4.04
TOT Cair LNS Treatur Flans	Retiree + 1	\$54.78	\$46.05	\$8.73
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	Retiree + 2 or more	\$54.78	\$46.05	\$8.73
Without a Health Plan	Retiree	\$25.35	\$25.35	\$0.00
	Retiree + 1	\$54.78	\$54.78	\$0.00
	Retiree + 2 or more	\$54.78	\$54.78	\$0.00